DOCUMENT RESUME

ED 460 473 EC 306 849

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TITLE	Effectiveness of Contracted Services in Individualizing and Tailoring Mentor Programming for Children with Severe Emotional Disturbance in a Public System.
PUB DATE	1996-02-00
NOTE	5p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844. Tables and figures are not available from ERIC.
AVAILABLE FROM	For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; At Risk Persons; *Behavior Disorders; Children; Cooperative Programs; Cost Effectiveness; *Emotional Disturbances; *Helping Relationship; Integrated Services; Mental Disorders; *Mental Health Programs; *Mentors; Program Effectiveness; Student Placement

ABSTRACT

This conference paper discusses the results of a study that investigated the effects of a mentor service on 30 children with severe emotional disturbances and considered to be at extreme risk for out-of-home placement. The mentors provided regular, consistent, face-to-face and telephone contact with each child for five hours per week. The mentors provided verbal reports at least weekly to the referring worker and attended treatment team meetings to evaluate the child's progress. A written record of all contacts with the child's family was maintained, and a monthly summary was prepared regarding the therapeutic connections between the activities and the ongoing treatment goals. When compared to the control group of non-mentored children, mentored children were significantly less likely to be placed in a child caring institution. Mentoring was also found to be an extremely cost-effective component of overall treatment for at-risk children when compared to more traditional placements. Families consistently rated mentoring as an integral and crucial resource in the individualization and tailoring of a collaborative plan of care among home, school, and community services. (CR)

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The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 473

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Authors

Introduction Method and Results Discussion References

Introduction

Recent research indicates that social support is an important factor in an individual's mental health and interpersonal adjustment (Frecknall & Luks, 1992; Queen, 1994). Traditionally, family and close friends served as social networks that provided the individual protection against stress or adversity. Adolescents who demonstrate positive adjustment to ongoing stress often identify a relative, friend, or neighbor as a natural mentor who contributed to their success (Rhodes, Contreras, & Mangelsdorf, 1994). Rhodes, Ebert, and Fischer (1992) have shown that a mentor relationship helps adolescent mothers experience less depression and feel less distressed by interpersonal difficulties. Based on such research, it seemed reasonable to hypothesize that mentor relationships could have a positive, therapeutic effect on children and adolescents at significant risk for out-of-home placement.

Belief in the integrity and healing capacity of the family unit coupled with the soaring cost of out-of-home placements has led Waukesha County, Wisconsin to develop creative, collaborative efforts to maintain troubled children in their homes. The Clinical Services Division of the Waukesha County Health and Human Services Department developed the Mentor Services Program in 1991 based on a community needs assessment that identified service gaps in the areas of social supports and respite care for children with severe emotional disturbance (SED). Developed as placement prevention, Mentor Services expand the array of clinical treatment resources and community-based care received by the child and family and can be tailored to individual needs. The program is delivered through a services contract with the outreach department of a residential treatment center. The center staff recruit and hire mentors in part-time positions, matching the training, skills, and availability of the mentor to the specific needs and

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strengths of the participating child and family.

Mentors provide regular, consistent, face-to-face and telephone contact with children who have severe emotional disturbance. Mentoring is part of a coordinated team treatment effort to maintain and support children in their home communities by strengthening their family relationships and by facilitating their successful integration into existing community resources.

Mentors provide support and respite care for children and their parents through monitoring and supervision of the child's functioning in various settings, both recreational and educational (e.g., modeling and coaching of various social skills including sharing, sportsmanship, and anger control techniques; supportive counseling and utilization of child behavior management strategies; and assistance to families in child/parent conflict resolution). When appropriate and necessary, mentors provide assistance to schools by monitoring and addressing barriers to school success. Mentors provide verbal reports at least weekly to the referring worker and attend treatment team meetings to evaluate the child's progress. A written record of all contacts with the child/family is maintained, and a monthly summary is prepared regarding the therapeutic connections between the activities and the ongoing treatment goals.

Method and Results

In this study thirty children meeting SED criteria and considered to be at extreme risk for out-of-home placement were enrolled in the mentor service for five hours each per week. All children carried a DSM-IV psychiatric diagnosis (American Psychiatric Association, 1994), and according to county criteria for placement, would have been expected to be placed in an out-of-home setting within six months of their original SED staffing. Sample demographics are contained in Table 1. Of the 30 children discharged from the program during 1991-95, 22 remained in their family home six months post discharge. Five of the children had been placed into residential treatment and three had moved from Waukesha County's jurisdiction. This placement rate of 18.5% is significantly less than the placement rate experienced by a control group of ten children who were referred for mentoring service but not served. The placement rate for the control group was 50% within six months of referral.

The average monthly cost for all treatment intervention with the mentored children was approximately $2,300 per month, with mentor costs of about $430 per month. This compares to an average cost of approximately $4,500 per month for residential care and in excess of $10,700 per month for a State mental health institution (see Figure 1).

Parents completed 7-point Likert-type scales on nine parameters designed to measure program effectiveness in reducing home, school, and community problems. Parents

reducing home, school, and community problems. Parents also completed ten scales designed to measure their satisfaction with program characteristics such as child/mentor match, length of service, and respite (see Figure 2). The results suggest that families viewed mentor services as an integral and effective component of the treatment process. Parental ratings indicate that mentoring had the largest initial impact on problems and conflicts within the home. Overall, changes associated with mentoring services were relatively stable over the six months following discharge from the program. Scale values for acting out behavior (e.g., alcohol or drug abuse truancy, legal problems, etc.) showed the least deterioration over the six month span. Parents also rated the program highly as a respite service for family members, including the child.

Discussion

Placement data suggest that mentoring can be a highly effective clinical tool for certain populations of at-risk children. Results show that clinical mentoring may be more effective when the child carries a diagnosis of a disruptive behavior disorder compared with those children diagnosed with an affective disorder such as major depression. This may be because the major affective disturbances disrupt the child's ability to relate socially and form meaningful interpersonal relationships. The ability to form such relationships is believed to be the foundation of therapeutic mentoring. This review also indicates that mentoring is less successful with children under the age of 12 or 13, possibly because younger children have developmentally less sophisticated interpersonal skills and have more difficulty forming a social/therapeutic relationship.

When compared to the control group of non-mentored children, mentored children were significantly less likely to be placed in a child caring institution, such as a residential treatment center, group home, or treatment foster care. Mentoring was also an extremely cost effective component of overall treatment for at-risk children when compared to those more traditional treatment venues (see Figure 1). Families consistently rated mentoring as an integral and crucial resource in the individualization and tailoring of a collaborative plan of care among home, school, and community services. Lastly, families continually emphasized the importance and value of the respite inherent in ongoing mentor services.

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Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.